

DEC'D JAN 11 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
100841440
Do not use this space.

Registered No. 11132

1. PLACE OF DEATH

- (a) County 2 Registration District No.
- (b) Township Primary Registration District No.
- (c) City (d) Street No. 5235 Page Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Lozier

- (a) Residence, No. 5235 Page Blvd. St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Lozier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	9	16	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Matron	11. Total time (years) spent in this occupation 20 yrs.
	9. Industry or business in which work was done, as saw mill, bank, etc. Blind Girls Home	
	10. Date deceased last worked at this occupation (month and year) Dec. 1, 1938	

12. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME Henry Lammers.

14. BIRTHPLACE (CITY OR TOWN) Holland
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Wilhelmina

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Miss M. Goltermann
(ADDRESS) 2306 Dickson St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery TE Dec. 28, 1938

19. FUNERAL DIRECTOR Francis J. McNamee
(ADDRESS) 1431 Dickson Blvd

20. FILED 19. J. P. Buldick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from 12-15-38 to 12-24-38, 1938

I last saw her alive on Dec. 24, 1938 Death is said to have occurred on the date stated above, at 8.10 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema
Chronic myocarditis
Date of onset 12-23-38 1936

1201

Other contributory causes of importance:
Chronic interstitial nephritis 1935

Name of operation none Date of _____
What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. P. Buldick, M. D.
(Address) 2435 N. Grand Ave.

DEC 28 1938

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

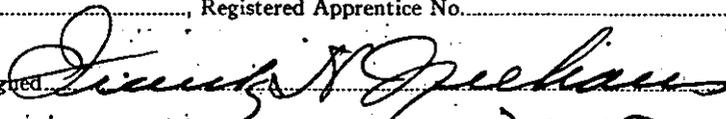
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

FILED

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed 
Licensed Embalmer No. 29N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)